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ABSTRACT

"Integrated services" refers to the collaborative delivery of educational, health, and social services for children and families such that families have a single point of entry into the delivery system. In some states, attempts to integrate social service delivery are part of education reform legislation. In Kentucky, schools link the service-delivery system with families and often have service centers located in school buildings. Such school-linked models are based on the assumption that school is often the dominant community institution, particularly in rural areas, and is the most convenient place to identify children in need of services. In West Virginia, community-based Family Resource Networks will provide services to all children and families. Proponents of community-based models argue that a community center provides a neutral nonthreatening location for persons disaffected by schooling and is not tied into the school bureaucracy. Whatever the model, the principles of case management are central to the idea of integrated services. Integration implies that the "case" is not the client but rather the array of services suited to the client's needs. Much of recent policymaking related to families has focused on central cities. While resembling suburban children in terms of race and family structure, problems of poverty and lack of services show that rural children are actually more like the children of the inner cities. Service integration programs, accompanied by a viable range of necessary services, could meet these rural needs. (SV)

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ERIC**DIGEST**

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Integrated Services: A Summary for Rural Educators

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IN SOME STATES, attempts to integrate social service delivery are part of education reform legislation (Kentucky and West Virginia are rural examples). Interest in integrated service delivery is, moreover, likely to grow in coming years.

Some educators, however, may not be familiar with the related issues. This Digest clarifies what integrated social service delivery entails and discusses major models of service integration, as well as the important role of case management. The Digest concludes by considering the circumstances and challenges that affect plans for this type of service delivery system in rural America, including the needs of rural families.

Integrated services

The delivery of social services in the United States is undergoing both scrutiny and change. Scrutiny has suggested that delivery is fragmented and diffuse. Not only are social services more costly than necessary, people in need confront what appears to be an ominous system that is complicated and unfriendly. In fact, they confront multiple, unconnected systems. Service integration is one among many changes advocated by policymakers and policy researchers.

The term "integrated services" refers to the delivery of education, health, and social services for both children and families. Larson and colleagues (1992, p. 7) note that integration refers not to the merger of service systems, but to better collaboration—"a partnership in which a number of service agencies develop and work toward a common set of goals."

Proponents of service integration frequently argue that the goal is one-stop shopping for families who need multiple services. Families would have a single point of entry into social service delivery systems. From a number of available services, they could then select those that provided a range of needed benefits.

Neither the concept of integrated services nor public recognition of the need for coordinating human services is new, however. Soler and Shaffer (1990) point out that such concerns have been voiced for at least 100 years. Despite this long history, however, integrated service delivery is still relatively uncommon. While there are a number of testimonials from isolated projects dedicated to integrating social services for certain well-defined small populations, little actual research documents the issues involved in integrating services. Nonetheless, several basic strategies for achieving integration have been considered for some time.

Two models of service integration

Two major models exist for integrating social services: *school-linked* or *community-based* models. In Kentucky, for instance, the education reform legislation mandates a school-linked integrated service model. In West Virginia, on the other hand, education reform

legislation mandates community-based service integration. Sound arguments support *both* models.

School-linked models locate a service center in or near a school, which serves as the link between the service delivery system and families. Kentucky's Family Resource or Youth Services Centers are to be located in or near schools where at least 20 percent of students are eligible for free or reduced-price meals.

By contrast, community-based models aim to use "residents' own cognitive maps" (Chaskin & Richman, 1992, p. 114) to define the bounds of a community, with the established center providing a convenient, single point of entry. In West Virginia, Family Resource Networks are to be located in communities, defined—in this case—as comprising at least one entire county. All children and families, regardless of family incomes, are eligible to receive services at these Family Resource Networks.

School-linked models rest on the idea that schools are enduring institutions; they are, in fact, often the dominant institution, particularly in rural communities. Historical precedence also supports the schools' role in providing some health and social services (e.g., immunizations and school lunches). Proponents of school-linked models argue that, of all public institutions, schools are the most likely to be in touch with children in need of services. Schools, therefore, provide the most convenient place to make the connections that collaborative delivery of services require (Larson et al., 1992).

Proponents of community-based service integration models argue that schools may *not* be the most suitable institution for arranging or providing the full range of needed services. Chaskin and Richman (1992) caution that schools, though enduring and pervasive, are by no means neutral institutions. In their view, services are most needed by children and families disaffected by schooling:

For the disenfranchised, schools may be the last place they would turn for help. A substantial percentage of students...may be loath to take advantage of services through the aegis of what is to them...an unfriendly institution or an institution they associate with failure and trouble. (p. 111)

A community center, separate from—but integrated with—schools, presumably provides a neutral, nonthreatening location where people in need can receive services. Governance, moreover, is not tied to the bureaucratic rigidity of any other currently existing institution, such as the school (Chaskin & Richman, 1992).

Key features: Families and case management

Schorr with Schorr (1988) argue that "successful [service integration] programs see the child in the family and the family in the context of its surroundings" (original emphasis, p. 257). To meet the basic

needs of rural children, policymakers and the general public alike must overcome stereotypes and misconceptions regarding the family circumstances of needy rural children and families. Most significant to this discussion are the myths that "the family used to work just fine" (Coontz, 1992a, p. B1) and that "successful families have always been able to do without government assistance" (p. B2). Ample historical evidence dispels both myths (Coontz, 1992b). Families have always needed help; and some families have always lacked the resources on which access to such help depends.

Whatever the model, application of the principles of case management is central to the idea of integrated services. Case management is a method of assessing the needs of clients and their families and helping to coordinate, monitor, evaluate, and advocate for services to meet those needs (Anderson, Place, Gallagher, & Eckland, 1992). The relationship between case manager and client is "the glue that holds everything together" (Cohen, 1992, p. 26). Cohen notes that integration implies that the case is not the client, but rather the array of services suited to the needs of the client. Integration, in short, consists of the case manager's capacity to cross boundaries in arranging services for a client.

In many states, *licensed case managers* provide services that contribute to the financial viability of the center or network. For instance, people who qualify for the services of Family Resource Centers or Networks will, in many cases, also qualify for Medicaid-supported services. When licensed case managers—often social workers or registered nurses—provide some form of health care in the package of services for eligible children and families, the center or network can bill for payment from Medicaid. Establishing and maintaining financial viability is a major challenge, considering that legislatures in states that mandate integrated services usually appropriate seed-money grants—not long-term funding.

The Association of Certified Social Workers argues that case managers, besides offering a therapeutic relationship with the client, should also be in a position to spur policy reform. This argument is based on the notion that, as frontline social service workers, case managers are in a better position than others (e.g., politicians) to assess (1) the social services needs of families and children and (2) the best ways to deliver the needed services. Social service policy, then, would be generated from frontline experience and would be a move toward eliminating policy based on stereotypes.

The challenge in rural communities

The economic, health care, and educational circumstances of rural communities present distinct challenges. Much of the policymaking related to families has focused on issues of survival in central cities (a concern evidenced by former President Bush's establishment, near the end of his administration, of the Commission on the Urban Family). Yet, rural children and families share the need for revamped social service delivery systems and greater access to better services.

Sherman (1992, p. 12) notes that rural children "defy the stereotypes of needy and at-risk children." Though they resemble suburban children in terms of race and family structure, indicators of poverty, health, education, and access to social services show that they are more like inner-city children. Sherman notes that, even

when their parents are employed, low wages keep rural children in poverty.

Faltering rural economies undermine the ability of rural families to take care of basic needs. For instance, most rural children come from families with one or more workers, many of whom, unfortunately, hold only parttime or seasonal jobs. Moreover, wages in nonmetropolitan service and manufacturing jobs are 25 percent less than in metropolitan areas (Chynoweth & Campbell, 1992, p. 2). Low-wage jobs (urban or rural), of course, seldom provide health insurance.

Researchers must focus some of their attention on investigating strategies for solving the unique economic, health care, and education problems of rural communities. As service integration programs are established in rural communities (such as the Family Resource Networks in West Virginia), they must be accompanied by a viable range of necessary services that can, in fact, be coordinated and integrated. Once solutions are found, policymakers need to implement them in a manner that focuses on long-term, fundamental change, rather than on short-term solutions typically supported by "seed-money" grants or programs.

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